

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C Charter Certificate from
Fullington Trailways LLC.

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Terry Welker

Telephone: 814-765-9709

Address: 316 East Cherry Street

Fax: 814-765-9572

PO Box 211

Other: _____

Clearfield, PA 16830

Email: terry@fullingtontours.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Application - Class C Taxi☐ Application - Class C Charter☒ Application - Class C Charter Bus☐ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other: _____

RECEIVED
APR 16 2021
PSCSC
Clerks Office

js

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

Date: 4/15/2021

CLASS C - CHARTER BUS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Fullington Trailways LLC
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
316 East Cherry Street, Clearfield, PA 16830
Street Address of Applicant
PO Box 211, Clearfield, PA 16830
Mailing Address of Applicant (if different from street address)
814-765-9709 814-765-9572
Phone Fax
terry@fullingtontours.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
☐ Partnership - List names and addresses of all person having an interest in the business.
☒ Corporation - List names and addresses of two principal officers.

Michael Fullington - 124 Sandy Ridge, State College 16801

Jonathan Berzas - 135 Flayheart Lane, Centre Hall 16828

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY
MCI	2005 J4500	2M93JMPA75W063074	37,830	56
MCI	2006 J4500	2M93JMPA26W063274	37,830	56
MCI	2006 J4500	2M93JMPA96W063403	37,830	56
MCI	2006 J4500	2M93JMPA26W063405	37,830	56
MCI	2009 E4500	2MGTRMHA89W065387	37,830	50
MCI	2011 J4500	2MG3JMHA3BW065679	37,830	56
MCI	2009 J4500	2MG3JMHA39W065322	37,830	56
MCI	2013 J4500	2MG3JMBA5DW066571	37,830	54
MCI	2013 J4500	2MG3JMBA0DW066574	37,830	54
MCI	2009 J4500	2M93JMHA39W065036	37,830	54
MCI	2011 J4500	2MG3JMHA3BW065908	37,830	54
PREVOST	2014 H3-45	2PCH33491EC712649	38,000	56
MCI	2009 J4500	2MG3JMEAX9W065256	37,830	56
MCI	2016 J4500	2MG3JMBA0GW067339	37,830	56
MCI	2016 J4500	2MG3JMBA7GW067340	37,830	56

ACCEPTED FOR PROCESSING - 2021 April 20 9:05 AM - SCPSC - 2021-134-T - Page 3 of 17

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY
MCI	2016 J4500	2MG3JMBA9GW067341	37,830	56
MCI	2016 J4500	2MG3JMBA0GW067342	37,830	56
MCI	2016 J4500	2MG3JMBA2GW067343	37,830	56
MCI	2016 J4500	2MG3JMBA4GW067344	37,830	56
MCI	2017 J4500	2MG3JMBA7HW067775	37,830	50
MCI	2017 J4500	2MG3JM8A3HW068056	37,830	56
MCI	2018 J4500	2MG3JMBA9JW068903	37,830	56
MCI	2018 J4500	2MG3JMBA7JW068849	37,830	56
MCI	2018 J4500	2MG3JMBA1JW068961	37,830	56

ACCEPTED FOR PROCESSING - 2021-Apr-20 9:05 AM - SCPSC - 2021-134-T - Page 4 of 17

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

Fullington Trailways LLC

Name of Applicant

316 East Cherry Street, PO Box 211, Clearfield PA 16830

Address of Applicant

Amount of Premium:**Limits Quoted: (See Below)**

Liability Insurance \$ _____

Limits 300,000.00

The above quoted premium is for a term of 12 months.

See attached info from E

Minimum Limits - Intrastate Only:

16 or More Passengers* \$ 25,000/300,000/25,000

* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

Name of Insurance Company

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

You have submitted the following Insurance filings. **Your account will be billed \$ 5.50 .**

Electronic forms are sent to the corresponding state agency automatically. To submit paper filings, please print the form and mail/fax to the state. *Paper filings are not submitted to states via NIC Insurance Filings.*

Filing Summary

Insurance Information

Insurance Company	Liberty Mutual Fire Insurance Company
Authorized Signature	Linda Przychodny
Insurance Agent ID	
Form Type	Form E
ReInstate	No

Certificate of Insurance

Policy Number	AS2-631-510656-03
USDOT #	120909
FMCSA #	MC002796
Liability Limit	300,000.00
Effective Date	04/14/2021

Motor Carrier Information - Electronic Filing States

South Carolina

Insurer #

State MC ID
Legal Name FULLINGTON TRAILWAYS, LLC
DBA
Address 316 EAST CHERRY STREET
City CLEARFIELD
State PA
Zip 16830
Country US
Notes

Motor Carrier Information - Non-Electronic Filing States

No non-electronic filing states submitted.

Create Another Filing

Back to Top

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Version 4.8.0



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/27/2021

12/22/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lockton Companies
1185 Avenue of the Americas, Suite 2010
New York NY 10036
646-572-7300

CONTACT NAME:	FAX (A/C, No):
PHONE (A/C, No, Ext):	
E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE	
INSURER A: Liberty Mutual Fire Insurance Company	NAIC # 23035
INSURER B: Travelers Property Casualty Co of America	25674
INSURER C: LM Insurance Corporation	33600
INSURER D: Ironshore Specialty Insurance Co	25445
INSURER E:	
INSURER F:	

INSURED Fullington Trailways, LLC
1462046 316 East Cherry Street
P.O. Box 211
Clearfield PA 16830

COVERAGES

CERTIFICATE NUMBER: 16059067

REVISION NUMBER: XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	TB2-631-510656-020	12/27/2020	12/27/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occ/acc/prop) \$ 100,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Collision <input checked="" type="checkbox"/> Comp	Y	Y	AS2-631-510656-030	12/27/2020	12/27/2021	COMBINED SINGLE LIMIT (EA accident) \$ 5,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX Comp/Coll \$ \$25,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WA5-63D-510656-010	12/27/2020	12/27/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
D	Excess Auto	Y	Y	003376102	12/27/2020	12/27/2021	\$5M Occurrence
B	Excess General Liability			ZUP-91M90570-20-NF	12/27/2020	12/27/2021	\$9M Occ / \$9M Agg

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 For Information Only: Coach Operation - 316 East Cherry Street, Clearfield, PA 16830, 2101 Alexander Drive, State College, PA 16803, 4900 Rockton Road, Dubois, PA 15801, Montoursville Garage 4336 Lycoming Mall Drive Montoursville PA 17754.

CERTIFICATE HOLDER

16059067
Fullington Trailways, LLC
316 E. Cherry St.
PO Box 211
Clearfield PA 16830

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Michael G. Calabrese

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Exhibit Fit, Willing, and Able (FWA)

Fullington Trailways LLC

Name of Applicant

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☒ Yes ☐ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☒ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

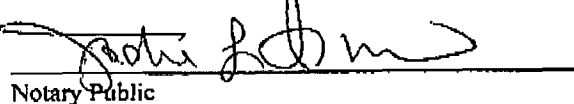

Applicant's Signature

Vice President

Title of Applicant (e.g. President, Owner, etc.)

STATE OF ~~SOUTH CAROLINA~~ ^{Pennsylvania})
COUNTY OF ~~Clearfield~~ ^{Clearfield})

SWORN TO BEFORE ME
This 15th day of April, 2021


Notary Public

Commission Expires

Commonwealth of Pennsylvania - Notary Seal
Jodie L. Irwin, Notary Public
Clearfield County
My commission expires September 29 2024
Commission number 1077354

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Fullington Trailways

Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392,395 and 396);
6. Is in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes ☐ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes ☒ Not Applicable

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

I, Terry M Welker, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

Terry M Welker
Applicant's Signature

SWORN TO BEFORE ME
This 15th day of April, 2021

Notary Public

Commission Expires

Commonwealth of Pennsylvania - Notary Seal
Jodie L. Irwin, Notary Public
Clearfield County
My commission expires September 29, 2024
Commission number 1077354

6 of 6

Print Application

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Authority

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Fullington Trailways LLC, a limited liability company duly organized under the laws of the State of Pennsylvania, and issued a certificate of authority to transact business in South Carolina on April 6th, 2021, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-1006, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 12th day
of April, 2021.


Mark Hammond, Secretary of State

Entity #: 3662663
 Date Filed: 07/18/2006
 Pedro A. Cortés
 Secretary of the Commonwealth

RETURN TO CBC 

Commonwealth of Pennsylvania
 CERTIFICATE OF ORGANIZATION 3 Page(s)



T0620964117

CERTIFICATE OF ORGANIZATION

OF

FULLINGTON TRAILWAYS, LLC

In compliance with the requirements of 15 Pa. C.S. §8913 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (the "Company") is Fullington Trailways, LLC.
2. The address of the registered office of the Company in Pennsylvania is:

316 E. Cherry Street
 Clearfield, PA 16830
 Clearfield County
3. The Company shall have perpetual existence.
4. The purpose of the Company is to engage in the business of owning and operating motorcoaches, and any other business related to, or desirable in connection with, the accomplishment of the foregoing purpose and to engage in all lawful business for which limited liability companies may be organized under 15 Pa.C.S. Ch. 89.
5. This certificate of organization and the operating agreement of the Company may be amended in the manner prescribed at the time by statute, and all rights conferred upon members in this certificate of organization or the operating agreement of the Company are granted subject to this reservation.

PA DEPT OF STATE

2006 JUL 18 PM 4:26

PA DEPT OF STATE

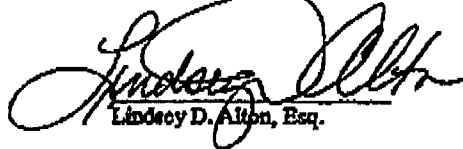
2006 JUL 27 PM 12:28

6. The name and address of the organizer are:

Lindsay D. Alton, Esq.
Schnader Harrison Segal & Lewis LLP
Suite 2700, 120 Fifth Avenue
Pittsburgh, PA 15222

IN WITNESS WHEREOF, the undersigned, intending to be legally bound, has
executed this certificate of organization on July 18, 2006.

ORGANIZER:


Lindsay D. Alton, Esq.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

04/06/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Fullington Trailways, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

A handwritten signature in cursive script, reading "Veronica W. Degroot".

Acting Secretary of the Commonwealth

Certification Number: TSC210406090390-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>



U.S. Department of
Transportation
1200 New Jersey Ave. S.E.
Washington, D.C. 20590

Federal Motor Carrier
Safety Administration

²
Review No.: 1587255/
FULLINGTON TRAILWAYS LLC
PO BOX 211
CLEARFIELD PA 16830-0211

July 12, 2019

In reply refer to:
USDOT Number: 120909
Review No.: 1587255/CR

Dear JONATHAN BERSZAS:

The motor carrier safety rating for your company is:

SATISFACTORY

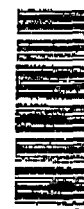
This SATISFACTORY rating is the result of a review and evaluation of your safety fitness completed on July 10, 2019. A SATISFACTORY rating indicates that your company has adequate safety management controls in place to meet the safety fitness standard prescribed in 49 C.F.R. 385.5.

Please assure yourself that any specific deficiencies identified in the review report have been corrected. We appreciate your efforts toward promoting motor carrier safety throughout your company. If you have questions or require further information, please contact:

U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
215 LIMBKILN ROAD, SUITE 200
NEW CUMBERLAND, PA 17070
Telephone No.: 717-614-4060

Sincerely,

Joseph P. DeLorenzo
Director, Office of Enforcement and Compliance



**FULLINGTON AUTO
BUS COMPANY**316 East Cherry Street
P.O. Box 211
Clearfield, PA 16830PHONE: (814)765-7871
(800)252-3893
FAX: (814)765-9572**Fax**

To: Public Service Commission From: Terry M. Welker

Company: Clerk's Office Fullington Auto Bus Company

Fax: 803-896-5199 Date: 4/14/21

Phone: _____ Pages: _____ (Includes cover sheet)

Subject: Charter Bus Application

☐ Urgent☐ For Your Review☐ Please Comment☐ Please Reply